

Montana Mental Health Nursing Care Center Social History/Assessment

DATE:

NAME:

ADMISSION DATE:

BIRTH DATE:

BIRTHPLACE:

PHYSICAL DESCRIPTION:

ETHNIC BACKGROUND:

CHILDHOOD:

EDUCATION:

HEALTH HISTORY:

MARITAL:

CHILDREN:

WORK:

HOBBIES:

FINANCE:

FRIENDS/COLLEAGUES:

CHURCH AND SOCIAL AFFILIATIONS:

LIVING ARRANGEMENTS:

GENERAL SOCIAL FUNCTIONING:

REASONS AND EVENTS LEADING TO PLACEMENT:

POTENTIAL FOR DISCHARGE/RESOURCES FOR DISCHARGE:

RELATIONSHIPS (who will help, who will visit?):

SOCIAL FUNCTIONING IN FACILITY:

EMOTIONAL STATE:

MENTAL STATE:

COMMUNICATION:

STRENGTHS:

WEAKNESSES:

NEEDS:

Date:_____

Social Worker
